CLAIMS ONLY

Application Number	Filing Date
09672069	9-28-00

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED Indep	AS FILED Depend	AFTER FIRST AMENDMENT Indep	AFTER FIRST AMENDMENT Depend	AFTER SECOND AMENDMENT Indep	AFTER SECOND AMENDMENT Depend
1						
2						
3		/				
4		/				
5						
6		/				
7		/				
8		/				
9		/				
10	/					
11		/				
12		/				
13		/				
14	/	/				
15		/				
16		/				
17		/				
18		/				
19		/				
20		/				
21		/				
22		/				
23		/				
24		/				
25		/				
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28		/				
29		/				
30		/				
31		/				
32		/				
33		/				
34		/				
35		/				
36		/				
37		/				
38		/				
39		/				
40		/				
41		/				
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	2					
Total Depend	36					
Total Claims	38					

CLAIMS	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68		/				
69		/				
70		/				
71		/				
72		/				
73		/				
74	/					
75			/			
76			/			
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86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
Total Indep	3		3			
Total Depend	42		44			
Total Claims	45		47			